



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
ELEVATOR & TRAMWAY SAFETY PROGRAM
35 STATE HOUSE STATION, AUGUSTA, ME 04333
TEL (207) 624-8672 FAX (207) 624-8636
MAINE RELAY 711 (TTY)

Office Use Only:
Ck #: _____
Amount: _____
Cash #: _____
4530-1907
Certificate #: _____

Elevator Plan Transmittal Form

Plan Approval: The cost for plan review is \$5.00 per \$1,000.00 of valuation of the installation. The minimum fee is \$35.00 and the maximum fee is \$100.00. This form must be submitted with 2 sets of plans for review.

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST MIDDLE INITIAL LAST*

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my VISA MASTERCARD the following amount: \$ _____

Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy*

(check here) ☐ **I understand that fees are non-refundable**

SIGNATURE

DATE

Type of Building: Type of Elevator:

- ☐ New ☐ Existing ☐ Passenger
☐ Addition ☐ Freight

Modification: ☐ Yes ☐ No

If Yes, Existing Registration
Number _____

Will the Elevator Accommodate and Ambulance Stretcher Pursuant to 32 MRSA § 15228? ☐ Yes ☐ No

If no, you must request a Variance prior to requesting Plan Approval by submitting a Variance Form.

**EXEMPT FROM 32 MRSA § 15228
ACCOMMODATION OF
AMBULANCE STRETCHER**

Type of Unit:

- ☐ Dumbwaiter/Material Lift
☐ Incline Lift ☐ Escalator
☐ Vertical Lift
☐ Manlift

COMPANY INSTALLING THE EQUIPMENT

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone: _____

Design Engineer: _____ Contact Information: _____

OWNER

Name of Owner: _____

Mailing Address for Certificate: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone: _____

Name of Location: _____

Physical Location of Unit: _____

City: _____ State: _____ Zip Code: _____ County: _____

Has a variance been granted for this installation? ☐ Yes ☐ No